

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

1527354

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		1		1		
19		1		1		
20		2		1		
21		2		1		
22		1		1		
23		1		1		
24		1		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32	1	1	1	1		
33		1		1		
34		1		1		
35		1		1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	46	←	35	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						